



August 30, 2019 (*Updated September 13, 2019*)

Web Announcement 1962

Prior Authorization No Longer Required for Radiology Scans

Per the Division of Health Care Financing and Policy (DHCFP) Public Hearing held on August 27, 2019, effective September 1, 2019, prior authorization (PA) is no longer required for **all** medically necessary Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS) and Positron Emission Tomography (PET) scans. Medicaid Services Manual (MSM) Chapter 300 (Radiology Services) will be updated to reflect this change. Please disregard previous instructions regarding PA requirements for radiology scans.

The provider types (PT) impacted by this change include, but are not limited to: 12 (Hospital, Outpatient), 20 (Physician, M.D., Osteopath, D.O.), 22 (Dentist), 24 (Advanced Practice Registered Nurse), 27 (Radiology and Non-Invasive Diagnostic Centers) and 77 (Physician's Assistant).

Providers must use other modalities or less expensive tests, such as computed tomography (CT) scan, ultrasound or standard x-ray, etc., when the other modalities or tests will achieve the required results.

Claims for medically necessary scans with dates of service on or after September 1, 2019, that do not have a PA and are denying in error will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the claims are reprocessed.